Schedule E)			PAGE 1 OF 13 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Workers' Voice			C C00484287
			M = M / D = D / Y = Y = Y
Check if 24-hour report X 48-hour report	X New rep	ort Amends repo	rt filed on
Full Name of Payee COMMITTEE ON LETTER CARRIE	RS POLITICA	AL EDUCATION	Date of Public Distribution/Dissemination
			09 21 2014
Mailing Address 100 Indiana Avenue, N.W.			Amount
City	State	Zip Code	450.07
Washington	DC	20001	Transaction ID : D540416  Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		X Support	Office Sought: House District: 00
MARK E UDALL		Oppose	President Senate State: CO
Calendar Year-To-Date Per Election for Office Sought	7	10869.66	Disbursement For: ☐ Primary ☐ General  2014 ☐ Other (specify) ▶
Full Name of Payee United Steelworkers of America Pol	itical Action Fu	ınd	Date of Public Distribution/Dissemination
	IIICAI ACIIOII FI	uriu	09 / 21 / 2014
Mailing Address Political Action Fund Voluntary	/ Ac		Amount
5 Gateway Center	State	Zip Code	596.92
Pittsburgh	PA	15222	Transaction ID : D540417  Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	09 / 21 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
MITCH MCCONNELL		Oppose	President Senate State: KY
Calendar Year-To-Date Per Election for Office Sought	7	24152.56	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
•			
(a) SUBTOTAL of Itemized Independent Expendi	tures		1046.99
(b) SUBTOTAL of Unitemized Independent Exper	nditures		•
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any canon party committee) any political party committee or	lidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Elizabeth H Shuler Signature	[Electron	ically Filed] Date	09 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-			

Schedule E)	PAGE 2 OF 13 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check if 24-hour report X 48-hour report New report Amends report filed on	= M / D = D / Y = Y = Y
United Steelworkers of America Political Action Fund	of Public Distribution/Dissemination
Mailing Address Political Action Fund Voluntary Ac  Amoun	
5 Gateway Center	047.00
· ····································	347.88  action ID : D540423 of Disbursement or Obligation
Purpose of Expenditure	09 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sough	t: House District: 00
MITCH MCCONNELL    Oppose   President	
Calendar Year-To-Date Per Election for Office Sought  Disbursement 2014  Oil	ther (specify) ►
United Steelworkers of America Political Action Fund	of Public Distribution/Dissemination
Mailing Address Political Action Fund Voluntary Ac	09 21 2014
5 Gateway Center	
	596.92 action ID : <b>D540428</b>
Purpose of Expenditure	of Disbursement or Obligation  09  21  2014
Name of Federal Candidate    Support   Office Sough	nt: House District: 00
ALISON LUNDERGAN GRIMES  Oppose  Preside	
Calendar Year-To-Date Per Election for Office Sought  Disbursemen 2014  O	nt For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	944.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in c with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if t party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler  [Electronically Filed] Date 09	23 / 2014

	Fileduic Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vorkers' Voice	C C00484287
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	United Steelworkers of America Political Action Fund	09 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address Political Action Fund Voluntary Ac 5 Gateway Center	Amount
	City State Zip Code	193.82
	Pittsburgh PA 15222	Transaction ID : D540429 Date of Disbursement or Obligation
	Purpose of Expenditure Inkind Staff Travel  Category/ Type  002	M 09 / 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	Sought: House District:
	Gary Peters Oppose	President State: MI
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	orsement For: Primary General
	Full Name of Payers	Other (specify)
	Full Name of Payee United Steelworkers of America Political Action Fund	Date of Public Distribution/Dissemination  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address Political Action Fund Voluntary Ac	Amount
	5 Gateway Center	
	City State Zip Code Pittsburgh PA 15222	49.50 Transaction ID : D540432
	Purpose of Expanditure	Date of Disbursement or Obligation
	Inkind Staff Travel  Category/ Type  O02	09 21 2014
	Name of Federal Candidate Support Office	Sought: House District: 00
	TERRI LYNN LAND Oppose	President State: MI
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary X General  Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	243.32
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	Ms. Elizabeth H Shuler  [Electronically Filed] Date 0	9 23 2014
	Signature	

PAGE 3

OF

13

Schedule E)	PAGE 4 OF 13 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check if 24-hour report X 48-hour report New report Amends report	rt filed on
Full Name of Payee United Steelworkers of America Political Action Fund	Date of Public Distribution/Dissemination
Mailing Address Political Action Fund Voluntary Ac	09 21 2014 Amount
5 Gateway Center	
City State Zip Code Pittsburgh PA 15222	347.88  Transaction ID : D540434  Date of Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel Category/ Type 002	Date of Disbursement of Obligation  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District: 00
ALISON LUNDERGAN GRIMES Oppose	President Senate State: KY
Calendar Year-To-Date Per Election for Office Sought	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee Voices of the American Federation of Government Employees	Date of Public Distribution/Dissemination  09  21  2014
Mailing Address 80 F Street, NW	Amount
City State Zip Code	65.40
Washington DC 20001	Transaction ID : D540437 Date of Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel  Category/ Type  002	09 / 21 / 2014
Name of Federal Candidate Support	Office Sought: House District:00
MITCH MCCONNELL Oppose	President Senate State: KY
Calendar Year-To-Date Per Election for Office Sought 24152.56	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	413.28
(b) SUBTOTAL of Unitemized Independent Expenditures	·
(c) TOTAL Independent Expenditures	<b>&gt;</b>
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler  [Electronically Filed] Date	09 23 / 2014

Schedule E)			PAGE 5 OF 13 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼		
Workers' Voice			C C00484287		
Check if 24-hour report X 48-hour report	ort New re	port Amends repo	ort filed on		
Full Name of Payee Voices of the American Federa	ation of Govern	ment Employees	W - W / B - B / I - I - I - I		
Mailing Address 80 F Street, NW			09 21 2014 Amount		
City	State	Zip Code	96.23		
Washington	DC	20001	Transaction ID : D540438 Date of Disbursement or Obligation		
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	M M / D D / Y Y Y Y		
Name of Federal Candidate		Support	Office Sought: House District: 00		
MARK E UDALL		Oppose	President Senate State: CO		
Calendar Year-To-Date Per Election for Office Sought	,,	10869.66	Disbursement For: Primary ☐ General 2014 Other (specify) ▶		
Full Name of Payee		. = .	Date of Public Distribution/Dissemination		
Voices of the American Federation	Voices of the American Federation of Government Employees				
Mailing Address 80 F Street, NW			Amount		
City	State	Zip Code	1.67		
Washington	DC	20001	Transaction ID : D540445  Date of Disbursement or Obligation		
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	09 / 21 / 2014		
Name of Federal Candidate		Support	Office Sought: House District: 00		
CORY GARDNER		X Oppose	President Senate State: CO		
Calendar Year-To-Date Per Election for Office Sought	,,	10869.66	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Exp	enditures		▶ 97.90		
(b) SUBTOTAL of Unitermized Independent E	xpenditures		·· •		
(c) TOTAL Independent Expenditures					
	candidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political		
Ms. Elizabeth H Shuler Signature	[Electro	onically Filed] Date	e 09 / 23 / 2014		

Schedule E)		IXI LIVE	101120				PAGE 6 FOR SE OF		13 48
NAME OF COMMITTEE (In Fu	II)					FEC ID	DENTIFICATION		
Workers' Voice						С	C00484287		
Check if 24-hour report	X 48-hour report	New repo	ort Ame	nds repo	rt filed on	M = M /	D D /	YIYIY	Y
Full Name of Payee	rican Federation of 0	Governm	ent Emn	lovees			c Distribution/		
Mailing Address 80 F Stree			.op		[	09	21	2014	Y
o or succ	ι, τννν				Amo	unt			
City	Sta	ate	Zip Code					65	.40
Washington	D	OC .	20001				ID: D540447 ursement or C	Obligation	
Purpose of Expenditure Inkind Staff Travel			Category/ Type	002		09	21	2014	Y
Name of Federal Candidate	)		X S	upport	Office Soug	ht:	House	District:	00
ALISON LUNDERGAN GR	IMES			ppose	Presid	dent	Senate	State:	(Y
Calendar Year-To-Date Per Election for Office	Sought	:	24152.56		Disburseme	nt For: Other (sp	Primary	X Ge	neral
Full Name of Payee Voices of the Ameri  Mailing Address 80 F Str	can Federation of Go	vernment	Employe	es	Date	M 09	c Distribution/	Disseminat 2014	_
City	Sta	ate	Zip Code					154.3	39
Washington	С	С	20001				D: D540448 ursement or 0	Obligation	_
Purpose of Expenditure InKind Staff			Category/ Type	001		<sup>M</sup> 09	21	2014	Y
Name of Federal Candidate	9		X s	upport	Office Soug	jht:	House	District:	00
MARK E UDALL				ppose	Presi	dent	X Senate	State:	0
Calendar Year-To-Date Per Election for Office			10869.66		Disburseme 2014	ent For: Other (sp	Primary pecify) ▶	∑ Ge	neral
(a) SUBTOTAL of Itemized	Independent Expenditures				• [			219.79	
(b) SUBTOTAL of Unitemize	ed Independent Expenditures				· -		1 1 7		
(c) TOTAL Independent Exp	penditures				•	1 7	1 1 4		
Under penalty of perjury I c with, or at the request or su party committee) any politica	ggestion of, any candidate o	r authorized							
Ms. Elizabeth H	Shuler	[Electroni	cally Filed]	Date	09 /	23	/ Y Y 201	4 Y	
Signature									

Schedule E)	IN EXILI	DITORIES	PAGE 7 OF 13 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Workers' Voice			C C00484287
Check if 24-hour report X 48-hour report	New re	eport Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
AFL-CIO			09 / 21 / 2014
Mailing Address 815 - 16th Street, NW			Amount
City	State	Zip Code	2.68
Washington	DC	20006	Transaction ID : D540453  Date of Disbursement or Obligation
Purpose of Expenditure Walk Packets		Category/ Type 004	09 / 21 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:
Gary Peters		Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		17688.49	Disbursement For:  Primary  General 2014  Gther (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
AFL-CIO			09 / 21 / 2014
Mailing Address 815 - 16th Street, NW			Amount
City	State	Zip Code	2.68
Washington	DC	20006	Transaction ID : D540455  Date of Disbursement or Obligation
Purpose of Expenditure Walk Packets		Category/ Type 004	09 / 21 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
TERRI LYNN LAND		X Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		11768.86	Disbursement For:  Primary  ☐ General Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expendit	tures		. ▶ 5.36
			7 7 7
(b) SUBTOTAL of Unitemized Independent Exper	nditures		<b>)</b>
(c) TOTAL Independent Expenditures			
	lidate or authoriz		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Elizabeth H Shuler Signature	[Electr	onically Filed] Date	9 09 23 2014
Olynatul <del>e</del>			

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check if 24-hour report 48-hour report New report Amends report	filed on
Full Name of Payee AFL-CIO	Date of Public Distribution/Dissemination
	09 / 21 / 2014
Mailing Address 815 - 16th Street, NW	Amount
City State Zip Code	3.58
Washington DC 20006	Transaction ID : D540456  Date of Disbursement or Obligation
Purpose of Expenditure Walk Packets  Category/ Type  004	09 / 21 / 2014
Name of Federal Candidate Support C	Office Sought: House District: 00
ALISON LUNDERGAN GRIMES Oppose	President Senate State: KY
Calcinal Ical Ic Batc	Disbursement For:  Primary
Full Name of Payee AFL-CIO	Date of Public Distribution/Dissemination
Malling Address	09 21 2014
Mailing Address 815 - 16th Street, NW	Amount
City State Zip Code	3.58
Washington DC 20006	Transaction ID : D540461  Date of Disbursement or Obligation
Purpose of Expenditure Walk Packets  Category/ Type  004	09 / 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Office Sought: House District: 00
MITCH MCCONNELL Oppose	President Senate State: KY
	Disbursement For:  Primary  General   2014  General   Other (specify) ▶
(a) CURTOTAL of Itemized Independent Europhitures	
(a) SUBTOTAL of Itemized Independent Expenditures	7.16
(b) SUBTOTAL of Unitemized Independent Expenditures	<b>&gt;</b>
(c) TOTAL Independent Expenditures	·
Under penalty of perjury I certify that the independent expenditures reported herein were no with, or at the request or suggestion of, any candidate or authorized committee or agent of e party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler [Electronically Filed] Date	09 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

Schedule E)	LXI LIVE			PAGE 9 OF 13 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Workers' Voice				C C00484287
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y B Y B Y
Full Name of Payee			Date o	f Public Distribution/Dissemination
AFL-CIO				09 / D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 815 - 16th Street, NW			Amour	nt
City	State	Zip Code		5.83
Washington	DC	20006		action ID : D540464 f Disbursement or Obligation
Purpose of Expenditure Walk Packets		Category/ Type 004		09 21 7 2014
Name of Federal Candidate		X Support	Office Sought	: House District:00
MARK E UDALL		Oppose	Preside	nt Senate State: CO
Calendar Year-To-Date Per Election for Office Sought		10869.66	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
Full Name of Payee			Date o	of Public Distribution/Dissemination
AFT Solidarity 527				09 / 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 555 New Jersey Ave. N.W.			Amour	nt
City	State	Zip Code		23.33
Washington	DC	20001		ction ID : D540466  of Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	M	09 / 21 / 2014
Name of Federal Candidate		X Support	Office Sought	: House District: 00
MARK E UDALL		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	7	10869.66	Disbursement 2014 Ot	For: Primary X General
(a) SUBTOTAL of Itemized Independent Expenditures	S			29.16
				7 7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditu	ires		·· •	7 7 7
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	te or authorized			
Ms. Elizabeth H Shuler	[Electron	nically Filed] Date	9 09	23 2014
Signature		_		

Schedule E)	LXI LIVDI	TOTILS		PAGE 10 OF 13 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Workers' Voice				C C00484287
Check if 24-hour report X 48-hour report	X New repo	ort Amends repo		M / D D / Y Y Y Y Y
Full Name of Payee AFT Michigan General Fund				of Public Distribution/Dissemination
Mailing Address 2342 Industrial St.			Amour	09 21 2014
			7 111001	
City Starting	State MI	Zip Code 49738		35.98 action ID : D540468
Purpose of Expenditure InKind Staff		Category/ Type 001	М	of Disbursement or Obligation  9 21 2014
Name of Federal Candidate		Support	Office Sought	:: House District: 00
TERRI LYNN LAND		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		11768.86	Disbursement 2014 Ot	For: Primary
Full Name of Payee AFT Michigan General Fund				of Public Distribution/Dissemination
Mailing Address 2342 Industrial St.			L	09 21 2014
			Amour	nt
City	State	Zip Code		35.98
Grayling  Purpose of Expenditure	MI	49738		ction ID: D540470 of Disbursement or Obligation
InKind Staff		Category/ Type 001		09 / 21 / 2014
Name of Federal Candidate		X Support	Office Sough	t: House District:
Gary Peters		Oppose	Preside	ent Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		17688.49	Disbursement 2014 Of	t For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures.			•	71.96
(b) SUBTOTAL of Unitemized Independent Expenditure	es		•	7 1 7 1 7
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ac	or authorized			
Ms. Elizabeth H Shuler Signature	[Electroni	ically Filed] Date	M = M /	23 / 2014
Signaturo				

Schedule E)	/EIII E/II EII-	710.120		PAGE 11 OF 13 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Workers' Voice			С	C00484287
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	/ D D / Y Y Y Y Y
Full Name of Payee Colorado AFL-CIO L2K			Date of Publ	ic Distribution/Dissemination
Mailing Address 140 Sheridan Blvd			09 Amount	21 2014
City	State	Zip Code		223.74
City  Denver	CO	80226		ID: D540474 ursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	09	/ 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
MARK E UDALL		Oppose		Senate State: CO
Calendar Year-To-Date Per Election for Office Sought		10869.66	Disbursement For: 2014 Other (s	Primary
Full Name of Payee AFSCME for Michigan  Mailing Address 1625 L Street, NW			Date of Publ	ic Distribution/Dissemination
City	State	Zip Code		262.11
Washington	DC	20036	Transaction I  Date of Disb	D: D540475 oursement or Obligation
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	09	21 2014
Name of Federal Candidate		X Support	Office Sought:	House District:
Gary Peters		Oppose	President	Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	7 7	17688.49	Disbursement For: 2014 Other (s	Primary ⊠ General
(a) SUBTOTAL of Itemized Independent Expen	iditures		•	485.85
(b) SUBTOTAL of Unitemized Independent Exp	enditures		<b>&gt;</b>	7
(c) TOTAL Independent Expenditures			·	4
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	indidate or authorized			
Ms. Elizabeth H Shuler	[Electro	nically Filed] Date	09 / 23	2014
Signature				

Schedule E)		71101120		PAGE 12 OF 13 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Workers' Voice			C	C00484287
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on	/ D D / Y Y Y Y Y
Full Name of Payee AFSCME for Michigan			M = M	ic Distribution/Dissemination
Mailing Address 1625 L Street, NW			Amount	21 2014
City	State	Zip Code		28.12
Washington	DC	20036		ID: D540476 ursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	09	21 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
TERRI LYNN LAND		X Oppose		Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		11768.86	Disbursement For: 2014 Other (s	Primary
Full Name of Payee AFSCME for Michigan  Mailing Address 1625 L Street, NW			Date of Publ	ic Distribution/Dissemination
City	State	Zip Code		179.66
Washington	DC	20036	Transaction I  Date of Disb	D: D540478 oursement or Obligation
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	09	21 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
TERRI LYNN LAND		X Oppose	President	Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		11768.86	Disbursement For: 2014 Other (s	Primary
(a) SUBTOTAL of Itemized Independent Expend	itures		•	207.78
(b) SUBTOTAL of Unitemized Independent Expe	nditures		•	
(c) TOTAL Independent Expenditures			·	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize			
Ms. Elizabeth H Shuler	[Electro	onically Filed] Date	9 09 / 23	2014
Signature				

Schedule E)	PAGE 13 OF 13 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	DIDENTIFICATION NUMBER ▼
Workers' Voice	C00484287
Check if 24-hour report X 48-hour report New report Amends report filed on	
AFSCME for Michigan	
Mailing Address 1625 L Street, NW Amount	21 2014
City State Zip Code	28.12
Washington DC 20036 Transaction	on ID : D540480 sbursement or Obligation
Purpose of Expenditure InKind Staff Category/ Type 001 09	
Name of Federal Candidate Support Office Sought:	House District:
Gary Peters Oppose President	Senate State: MI
Calendar Year-To-Date Per Election for Office Sought  Disbursement For 2014  Other	r: Primary X General (specify) ▶
Full Name of Payee Date of Pu	ublic Distribution/Dissemination
Mailing Address  Amount	
City State Zip Code	7
Purpose of Expenditure  Category/ Type  Date of Di	isbursement or Obligation
Name of Federal Candidate  Support  Office Sought:  Oppose  President	House District:
Calendar Year-To-Date  Per Election for Office Sought	
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	7
(c) TOTAL Independent Expenditures	3801.47
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler  [Electronically Filed] Date 09 2	2014